

ARRA-Performance Progress Report

SF-PPR-Recovery

(cover page)

			Page	of Pages	
1. Federal Agency and Organization Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency AG-4419-		3a. DUNS Number 3.c. CFDA	
				3b. EIN	
4. Recipient Organization (Name and complete address including zip code)			5. Recipient Identifying Number or Account Number (optional)		
6. Project/Grant Period Start Date: (Month, Day, Year) End Date: (Month, Day, Year) 0		7. Reporting Period End Date (Month, Day, Year)		8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative <i>(Describe the Project or Activities for which recovery of funds were expended or obligated.)</i> LEAVE BLANK – DO NOT COMPLETE					
11. Other Attachments <i>(attach other documents as needed or as instructed by the awarding Federal Agency)</i>					
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.					
12a. Typed or Printed Name and Title of Authorized Certifying Official			12c. Telephone (area code, number and extension)		
			12d. Email Address		
12b. Signature of Authorized Certifying Official			12e. Date Report Submitted (Month, Day, Year)		
			13. Agency use only		

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **TBD**. The time required to complete this information collection is estimated to average three (3) hours per response, including the time to review the instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have suggestions about the accuracy of the estimate, we would be happy to hear from you.** You can email us at.

OMB Approval No. **TBD**

ARRA-Performance Progress Report

SF-PPR-Recovery-B

“Program Indicators”

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted USDA FS –	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date <i>(Month, Day, Year)</i>
		3b. EIN	
Section 1 Award Recipient Information: Please provide requested information.			
(1) Label	(2) Question	(3) Response	(4)
ARRA-1-01	Name of Project or Activity		
ARRA-1-02	Total Amount of Recovery Funds Received from Federal Agency Identified in Block 1:		
ARRA-1-03	Amount of recovery funds received that were obligated or expended to projects or activities:	\$ _____	

ARRA-Performance Progress Report
SF-PPR-Recovery-B
“Program Indicators”

			Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted USDA FS –	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS 3b. EIN	4. Reporting Period End Date <i>(Month, Day, Year)</i>	
Section 2 Project / Activity Information Please provide requested information for each project of activity for which recovery funds were expended or obligated.				
(1) Label	(2) Requested Information	(3) Response	(4)	
ARRA-2-01	Name of Project or Activity			
ARRA-2-02	Description of Project or Activity			
ARRA-2-03	Evaluation of completion status of the project or activity. <i>(Please choose one.)</i>	<input type="checkbox"/> Not started <input type="checkbox"/> Less than 50% completed <input type="checkbox"/> Completed 50% or more <input type="checkbox"/> Fully Completed		
ARRA-2-04	Estimate of the number of jobs created by this project or activity.			
ARRA-2-05	Estimate of the number of jobs retained by this project or activity.			
ARRA-2-06	Total cost of infrastructure investments made by State and local governments:	\$ _____		
ARRA-2-07	For State/local infrastructure investment: What is the purpose of investment made by State and local governments for funding the infrastructure investment with funds made available under this Act?			
ARRA-2-08	For State/local infrastructure investment: What is the rationale of the Award Recipient for funding the infrastructure investment with funds made available under this Act?			
ARRA-2-09	For State/local infrastructure investment: Who should we contact if we have concerns about this infrastructure investment?			

ARRA-Performance Progress Report
SF-PPR-Recovery-B
“Program Indicators”

ARRA-2-10	NEPA Compliance Status	<input checked="" type="checkbox"/> Completed <input type="checkbox"/> In progress: NEPA is not triggered <input type="checkbox"/> In progress: Categorical Exclusion <input type="checkbox"/> In progress: Environmental Assessment <input type="checkbox"/> In progress: Environmental Impact Statement	
ARRA-2-11	NEPA Compliance Supporting Information		

Note: This page can be duplicated for one or more projects or activities.

ARRA-Performance Progress Report

SF-PPR-Recovery-B

“Program Indicators”

	Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 3a. DUNS 3b. EIN <i>Leave blank</i> </div> <div style="width: 50%;"> 3c. CFDA 4. Reporting Period End Date <i>(Month, Day, Year)</i> </div> </div>

Section 3 Subawardee or Subcontract Award Information

Please provide requested information for each sub-awardee or sub-contract for which \$25,000 or more of recovery funds were obligated or expended.

(1) Label	(2) Requested Information	(3) Response	(4)
ARRA-3-01	Recipient DUNS Number		
ARRA-3-02	Award Number or Other Identifying Number Assigned by the Awarding Entity		
ARRA-3-03	Recipient Name		
ARRA-3-04	Recipient Location	Address: _____ _____ _____ _____ City: _____ County: _____ State Postal Code: _____ Zip Code: _____-_____ Congressional District: _____	
ARRA-3-05	Recipient Type: <i>(Select primary category. from the list of categories provided in the instructions.)</i>	<input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 25	
ARRA-3-06	Recipient Category. <i>(Select one or more that apply from the list of categories provided in the instructions.)</i>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X	
ARRA-3-07	Amount of Subcontract or Subaward (Current Contract/Award Value)	\$ _____	
ARRA-3-08	Amount of Subcontract or Subaward (Ultimate Contract/Award Value)	\$ _____	
ARRA-3-09	Award Date	\$ _____	
ARRA-3-10	Principal Performance Location:	Address: _____ _____ _____ City: _____ County: _____ State Postal Code: _____ Zip Code: _____-_____ Congressional District: _____	

ARRA-Performance Progress Report
SF-PPR-Recovery-B
“Program Indicators”

ARRA-3-11	For the five most highly compensated officers of the entity: the names and total compensation <i>(See instructions to determine if this information is required)</i>	<table> <thead> <tr> <th><u>Name</u></th> <th><u>Total Compensation</u></th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>\$ _____</td> </tr> <tr> <td>2. _____</td> <td>\$ _____</td> </tr> <tr> <td>3. _____</td> <td>\$ _____</td> </tr> <tr> <td>4. _____</td> <td>\$ _____</td> </tr> <tr> <td>5. _____</td> <td>\$ _____</td> </tr> </tbody> </table>	<u>Name</u>	<u>Total Compensation</u>	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	
<u>Name</u>	<u>Total Compensation</u>														
1. _____	\$ _____														
2. _____	\$ _____														
3. _____	\$ _____														
4. _____	\$ _____														
5. _____	\$ _____														

Note: This page can be duplicated for one or more Subawardees or Subcontracts,

ARRA-Performance Progress Report

SF-PPR-Recovery-B “Program Indicators”

			Page	of Pages
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Section 4 SubAwardee or SubContract Award Information--Aggregate Report

Please provide requested aggregated information for subawards or subcontracts for which less than \$25,000 in recovery funds were obligated or expended.

(1) Label	(2) Requested Information	(3) Response	(4)
ARRA-4-01	Total Number of Subcontracts and Subawards less than \$25,000/award		
ARRA-4-02	Total Amount of Subcontracts and Subawards less than \$25,000/award		